المان الم			mber 8, 2	-004				10	/ (	79,2	73
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE -			~~		RTHAN
TOTAL CLAIMS				100	,,,,,,,,		ATE	FEE	OR <b>T</b>		ENTITY
FOR		AUDAGE	NUMBER FILED N		OEO CYTOA		<del></del>	<del>                                     </del>		RATE	FEE
				NUMBER EXTRA					OR	BASIC FEE	300.00
TOTAL CHARGEABLE CLAIMS		minus 20≈				XS	XS 25=		OR	X\$50=	
NDEPENDENT		minus 3 =		·		X1	X100=		OR	X200=	
MULTIPLE DEPI	ENDENT CLAIM F	PRESENT		· · · · · · · · · · · · · · · · · · ·		+1	80=		OR	+360=	
If the different	less than zero, enter "0" in			column 2	TOTAL			OR	TOTAL		
	CLAIMS AS	AMENDE	D - PARI	<b>r</b>				<b></b>	J 0	OTHER	THAN
8.4.06	(Column 1)	(Column 2) (Column 3)			SMALL ENTITY			OR	SMALL		
	CLAIMS REMAINING		HIGHE		PRESENT	DA	TC	ADDI-	7	DATE	ADDI-
	AFTER AMENDMENT		PREVIO PAID F		EXTRA	RA	15	TIONAL FEE		RATE	TIONAL FEE
Total Independent	. 9	Minus	- 2	0	=	X\$	25=		OR	X\$50=	
Independent	. 9	Minus	***	3	= 6	X10	0=		OR	X200=	1200
FIRST PRES	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM						· · · · ·	1900
						+18			OR	+360=	4 . 4
						ADDIT.	FEE		OR ,	TOTAL ADDIT. FEE	1200
	(Column 1) CLAIMS	T	(Colum		(Column 3)			4001	, ,		Pd.
	REMAINING AFTER		NUMB PREVIOU		PRESENT EXTRA	RAT	re l	ADDI- TIONAL		RATE	ADDI- TIONAL
	AMENDMENT		PAID F	OR		·	_	FEE			FEE
Total	•	Minus	4-2		=	X\$ 2	5=	•	OR	X\$50=	
Total Independent	ENTATION OF MI	Minus ***  LTIPLE DEPENDENT CL		N AIA			0=		OR	X200=	
T IIIOT T TIESE	TATATION OF IME		CIVIDENT	ZCA IIVI		+180	)=		OR	+360=	
							TAL	•		TOTAL	
	(Oakses 4)	•	<b>10</b> -1	- 0)	(Oaluma 0)	ADDIT.	FEE <b>L</b>		On A	DDIT. FEEL	
	(Column 1) CLAIMS	***	(Column HIGHES	ST T	(Column 3)			<u>, , , , , , , , , , , , , , , , , , , </u>	г		ADDI
	REMAINING AFTER	•	NUMBE PREVIOU	4	PRESENT EXTRA	RAT	. B_	ADDI- TONAL		RATE	ADDI- TIONAL
Titol	AMENDMENT	A	PAID FC	R		-	+	FEE	H		FEE
Tital		Minus	**		=	X\$ 25	;=		OR	X\$50=	•
Independent		Minus	ENDENT C	1 6154	=	X100	=		OR	X200=	
rinoi PRESE	NTATION OF MU	LIPLE DEP	ENDENT			1100	_			1260	
		•	•			+180	= [	. [0	OR	+360=	

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